

## Medical Insurance Plan

	\$1,000 Deductible Plan		\$500 Deductible Plan	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
<b>Annual Deductible</b> Individual Family Per Hospital Confinement	\$1,000 \$2,000 None		\$500 \$1,000 \$250	
<b>Coinsurance Percentage</b>	UHC Pays 80% You Pay 20%	UHC Pays 80% You Pay 20%	UHC Pays 80% You Pay 20%	UHC Pays 80% You Pay 20%
<b>Out-of-Pocket Maximum</b> Individual Family	\$6,000 \$12,000		\$2,000 \$4,000	
<b>Lifetime Maximum</b>	Unlimited		Unlimited	
<b>Physician Services</b> Office Visits (Primary Care & Specialist)	\$30 Copayment	\$30 Copayment	\$30 Copayment	\$30 Copayment
Diagnostic Lab & X-Ray**	\$30 Copayment	\$30 Copayment	\$30 Copayment	\$30 Copayment
Urgent Care	UHC pays 80% after deductible	UHC pays 80% after deductible	UHC pays 80% after deductible	UHC pays 80% after deductible
<b>Preventive Care Services</b> Routine Physical Exams	UHC pays 100%	UHC pays 100%	UHC pays 100%	UHC pays 100%
Well Child Care/Immunizations	UHC pays 100%	UHC pays 100%	UHC pays 100%	UHC pays 100%
Annual Well Woman Exam	UHC pays 100%	UHC pays 100%	UHC pays 100%	UHC pays 100%
Routine Mammograms	UHC pays 100%	UHC pays 100%	UHC pays 100%	UHC pays 100%
Routine Vision Exam (limited to 1 exam every 2 years)	UHC pays 100%	UHC pays 100%	UHC pays 100%	UHC pays 100%
Routine Colonoscopies	UHC pays 100%	UHC pays 100%	UHC pays 100%	UHC pays 100%
<b>Outpatient Diagnostic Services</b> Lab & X-Ray	UHC pays 80% after deductible	UHC pays 80% after deductible	UHC pays 80% after deductible	UHC pays 80% after deductible
Mammograms	UHC pays 80% after deductible	UHC pays 80% after deductible	UHC pays 80% after deductible	UHC pays 80% after deductible
Colonoscopies	UHC pays 100%	UHC pays 80% after deductible	UHC pays 100%	UHC pays 80% after deductible
<b>Outpatient Surgery</b>	UHC pays 80% after deductible	UHC pays 80% after deductible	UHC pays 80% after deductible	UHC pays 80% after deductible
<b>Inpatient Hospital Care</b>	UHC pays 80% after deductible	UHC pays 80% after deductible	UHC pays 100% after \$250 copayment for hospital charges only	UHC pays 100% after \$250 copayment for hospital charges only
<b>Emergency Care</b> Hospital Emergency Room	UHC pays 80% after deductible	UHC pays 80% after deductible	UHC pays 80% after deductible	UHC pays 80% after deductible
Ambulance Services	UHC pays 80% after deductible	UHC pays 80% after deductible	UHC pays 80% after deductible	UHC pays 80% after deductible

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Prescription Drug Services	\$100 individual/\$300 family annual deductible, then you pay:		\$100 individual/\$300 family annual deductible, then you pay:	
<b>Retail Pharmacy</b>				
Tier 1	\$10 Copayment	Not Covered	\$10 Copayment	Not Covered
Tier 2	\$30 Copayment	Not Covered	\$30 Copayment	Not Covered
Tier 3	\$50 Copayment	Not Covered	\$50 Copayment	Not Covered
<b>Mail Order (90-Day Supply)</b>				
Tier 1	\$25 Copayment	Not Covered	\$25 Copayment	Not Covered
Tier 2	\$75 Copayment	Not Covered	\$75 Copayment	Not Covered
Tier 3	\$125 Copayment	Not Covered	\$125 Copayment	Not Covered
<b>Contraceptives</b> (Covered through both retail and mail order)	Oral, diaphragms and self-administered injectibles covered	Not Covered	Oral, diaphragms and self-administered injectibles covered	Not Covered

\* Benefits paid based on UHC's reasonable and customary limits.

\*\* If performed & billed through the physician's office

**If you have questions regarding coverage for a service that is not listed above, please call United Healthcare at 1-800-241-4675.**

#### Notes:

1. Deductibles and out-of-pocket maximums are separate for in-network and out-of-network and do not cross apply. The out-of-pocket maximums shown above already include the annual deductible amounts.
2. Medical plans and costs detailed here do not apply to CBIZ associates working in the State of Hawaii. Plan/cost information for Hawaii-based employees are posted at [www.cbizesc.com](http://www.cbizesc.com) under Medical Insurance.
3. Neither copayments nor expenses not covered by the plan count towards the out-of-pocket maximum.
4. For further details, please refer to your Summary Plan Description, and any Amendments, posted at [www.cbizesc.com](http://www.cbizesc.com) or call United Healthcare at 1-800-241-4675.